

Expected Practices

Specialty: Women's Health

Subject: Breast Cancer Screening

Date: October 22, 2013

Purpose:

To provide guidance for breast cancer **screening mammography** services.

Expected Practice:

The expected practice in Los Angeles County DHS for *asymptomatic women without additional breast cancer risk factorsⁱ* is as follows and includes informed decision making for all women, including discussion of potential benefits and harms of screening.

- Age 50-74
 - Routine mammography **screening is recommended every two years**
- Age 40-49
 - Harms may outweigh benefits if the woman does not have at least a 2-fold increased risk, however, **screening every two years is currently a HEDIS measure**
- Age 75 and older
 - Harms may outweigh benefits. Take into consideration life expectancy, existing co-morbidities; informed decision making process to decide if screening should continue
- Under Age 40
 - Routine mammography screening is **not recommended**

This *Expected Practice* was developed by a DHS Specialty-Primary Care Work Group to fulfill the DHS mission to ensure access to high-quality, patient-centered, and cost-effective health care. SPC Work Groups, composed of specialist and primary care provider representatives from across LA County DHS, are guided by 1) real-life practice conditions at our facilities, 2) available clinical evidence, and 3) the principle that we must provide equitable care for the entire population that LA County DHS is responsible for, not just those that appear in front of us. It is recognized that in individual situations a provider's clinical judgment may vary from this *Expected Practice*, but in such cases compelling documentation for the exception should be provided in the medical records.

Assessing Individualized Risk for Breast Cancer – an individualized assessment of breast cancer risk should be performed every 1-2 yearsⁱⁱ

Weighing the risk factors for women age 40-49: Women age 40-49 years with a 2-fold increased risk have similar harm-benefit ratios for biennial screening mammography as average-risk women age 50-74 yearsⁱⁱⁱ

- Risk factors associated with 2-fold increased risk:^{iv}
 - Having one or more first degree relative (parent, sibling or child) with breast cancer
 - Extremely dense breasts as determined by mammography
- Risk factors associated with 1.5 to 2.0-fold increased risk:^{iv}
 - Prior benign breast biopsy
 - A second-degree relative with breast cancer
 - Heterogeneously dense breast tissue (BI-RADS category 3)

Other Breast Cancer Risk Factors – women with these risk factors require more frequent screening, beginning earlier or additional preventive measures:^v

- Personal history of breast cancer, ductal carcinoma in situ, or lobular carcinoma in situ
- BRCA 1 or 2 gene mutation
- Previous chest radiation therapy

ⁱ **U. S. Preventive Services Task Force.** Screening for Breast Cancer: U.S. Preventive Services Task Force Recommendation Statement. *Ann Intern Med.* 2009; 151:716-726.

ⁱⁱ **Qaseem A, Snow V, Sherif K, Aronson M, et al.,** Screening Mammography for Women 40-49 Years of Age: A Clinical Practice Guideline from the American College of Physicians. *Ann Intern Med.* 2007; 146:511-515.

ⁱⁱⁱ **Van Ravesteyn N, Miglioretti D, Stout N, Lee S, et al.,** Tipping the Balance of Benefits and Harms to Favor Screening Mammography Starting at Age 40 Years. *Ann Intern Med.* 2012; 156:609-617.

^{iv} **Nelson H, Zakher B, Cantor A, Fu B, et al.,** Risk Factors for Breast Cancer for Women Aged 40-49 Years. *Ann Intern Med.* 2012; 156:635-648.

^v **National Cancer Institute.** Breast cancer risk assessment tool, Bethesda, MD: National Cancer Institute. Accessed at <http://www.cancer.gov/bcrisktool/> on November 28, 2012.